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|---|--|--------------|
|  | Division of Environmental Health and Communicable Disease Prevention | |
| | Section: 4.0 Diseases and Conditions | Updated 7/03 |
| | Subsection: Rabies | Page 1 of 15 |

Rabies Table of Contents

Rabies, Human

Rabies, Animal

Fact Sheet

Human Rabies Prevention - United States, 1999, ACIP Recommendations


Possible Human Rabies – Patient Information Form (CDC)

Compendium of Animal Rabies Prevention and Control, 2003

Rabies Examination Request/Report (LAB 20)

Procedures to be Followed in Submitting Animal Specimens for Rabies Examination

Rabies Testing Policy

| | | |
|---|--|--------------|
|  | Division of Environmental Health and Communicable Disease Prevention | |
| | Section: 4.0 Diseases and Conditions | Updated 7/03 |
| | Subsection: Rabies, Human | Page 2 of 15 |

Rabies, Human

Overview ^(1, 2, 3)

For a complete description of human rabies, refer to the following texts:

- Control of Communicable Diseases Manual (CCDM).
- Red Book, Report of the Committee on Infectious Diseases.
- Human Rabies Prevention - United States, 1999. Recommendations of the Advisory Committee on Immunization Practices (ACIP).

Case Definition ⁽⁴⁾

Clinical description

Rabies is an acute encephalomyelitis that almost always progresses to coma or death within 10 days after the first symptom.

Laboratory criteria for diagnosis

- Detection by direct fluorescent antibody of viral antigens in a clinical specimen (preferably the brain or the nerves surrounding hair follicles in the nape of the neck), or
- Isolation (in cell culture or in a laboratory animal) of rabies virus from saliva, cerebrospinal fluid (CSF), or central nervous system tissue, or
- Identification of a rabies-neutralizing antibody titer ≥ 5 (complete neutralization) in the serum or CSF of an unvaccinated person.

Case classification


Confirmed: a clinically compatible case that is laboratory confirmed

Comment

Laboratory confirmation by all of the above methods is strongly recommended.

Information Needed for Investigation

- **Verify the diagnosis.** Determine what laboratory tests were conducted and the results.
- **Contact the Regional Communicable Disease Coordinator.**
- **Contact the Bureau of Child Care** if a case is associated with a childcare facility.

| | | |
|---|--|--------------|
|  | Division of Environmental Health and Communicable Disease Prevention | |
| | Section: 4.0 Diseases and Conditions | Updated 7/03 |
| | Subsection: Rabies, Human | Page 3 of 15 |

Case/Contact Follow Up and Control Measures

- Post exposure prophylaxis is recommended for persons who have been bitten by probable or confirmed rabid animals, or whose mucous membranes or open wounds (including scratches) have come into contact with the animal's saliva.
- Hospital contacts who were bitten, or whose mucous membranes or open wounds (including scratches) have come in contact with saliva, CSF, or brain tissue of a human patient with rabies should receive postexposure prophylaxis.

NOTE: Aventis Pasteur has an indigent patient program and may supply free vaccine and rabies immune globulin to those who cannot afford it. The company's telephone number is 800-822-2463. The treating physician should call this number and ask for an indigent patient program application. Requests are handled on a case-by-case basis and the manufacturer reserves the right to cancel this program at any time.

Control Measures

- See the Control of Communicable Diseases Manual, Rabies, "Methods of control."
- See the Red Book, Rabies, "Control Measures."
- See Human Rabies Prevention - United States, 1999 Recommendations of the Advisory Committee on Immunization Practices (ACIP).


Laboratory Procedures

Human Specimens:

Specimens for rabies diagnosis in humans must be cleared by the State Public Health Laboratory (SPHL) in Jefferson City. After obtaining instructions and a laboratory identification number, the clinical specimens will be shipped directly to the Centers for Disease Control and Prevention (CDC) in Atlanta. Human specimen submission requirements are listed on the SPHL web site at: <http://www.dhss.state.mo.us/Lab/Rabies.htm> (27 May 2003). Be sure to include with the specimen a completed copy of the "Possible Human Rabies – Patient Information Form." This CDC form is available in this Manual and at the above SPHL web site.

Reporting Requirements

Rabies (human, animal) is a Category I disease and shall be reported to the local health authority or to the Missouri Department of Health and Senior Services (DHSS) within 24 hours of first knowledge or suspicion by telephone, facsimile or other rapid communication.

| | | |
|---|--|--------------|
|  | Division of Environmental Health and Communicable Disease Prevention | |
| | Section: 4.0 Diseases and Conditions | Updated 7/03 |
| | Subsection: Rabies, Human | Page 4 of 15 |


1. For confirmed cases complete a “Disease Case Report” (CD-1) and send the completed form to the DHSS Regional Health Office.
2. Entry of the completed CD-1 into the MOHSIS database negates the need for the paper CD-1 to be forwarded to the Regional Health Office.
3. All outbreaks or "suspected" outbreaks must be reported as soon as possible (by phone, fax or e-mail) to the Regional Communicable Disease Coordinator. This can be accomplished by completing the Missouri Outbreak Surveillance Report (CD-51).
4. Within 90 days from the conclusion of an outbreak, submit the final outbreak report to the Regional Communicable Disease Coordinator.

References

1. Chin, James, ed. “Rabies (Hydrophobia, Lyssa).” Control of Communicable Diseases Manual. 17th ed. Washington, DC: American Public Health Association, 2000: 411-419.
2. American Academy of Pediatrics. “Rabies.” 2000 Red Book: Report of the Committee on Infectious Diseases. 25th ed. Elk Grove Village, IL. 2000: 475-482.
3. Human Rabies Prevention - United States, 1999. Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 1999;48 (No. RR-1), 8 Jan 99, <http://www.cdc.gov/ncidod/dvrd/rabies/Professional/publications/ACIP/ACIP99.pdf> (27 May 2003)
4. Centers for Disease Control and Prevention. Case Definitions for Infectious Conditions Under Public Health Surveillance. MMWR 1997; 46 (No. RR-10). “Rabies, Human,” 1997, http://www.cdc.gov/epo/dphsi/casedef/rabies_human_current.htm (27 May 2003)


Other Sources of Information

1. Rupprecht, Charles E. and Hanlon, Cathleen A. “Rabies.” Viral Infections of Humans Epidemiology and Control. 4th ed. Eds. Alfred S. Evans and Richard A. Kaslow. New York: Plenum, 1998: 665-690.
2. Baer, George M., Ed. The Natural History of Rabies. 2nd ed. CRC Press, Inc., 2000 Corporate Blvd., N. W. Boca Raton, Florida, 33431, 1991.
3. The Merck Veterinary Manual. 8th Ed. Ed. Susan E. Aiello. Whitehouse Station, NJ: Merck & Co., Inc., 1998: 925, 966, 2182. <http://www.merckvetmanual.com/mvm/index.jsp> (search “rabies”). (27 May 2003)

| | | |
|---|--|--------------|
|  | Division of Environmental Health and Communicable Disease Prevention | |
| | Section: 4.0 Diseases and Conditions | Updated 7/03 |
| | Subsection: Rabies, Human | Page 5 of 15 |

Web Resources and Information

1. Centers for Disease Control and Prevention, Division of Viral and Rickettsial Disease, "Rabies Section," March 8, 2001, <http://www.cdc.gov/ncidod/dvrd/rabies/default.htm> (27 May 2003)
2. Missouri Revised Statutes, RSMO Chapter 322, "Protection Against Rabies," August 28, 2002, <http://www.moga.state.mo.us/statutes/c322.htm> (27 May 2003)
3. Rabies vaccination must be given by licensed veterinarian:
 - RSMO 322.010, "Definitions," August 28, 2002
<http://www.moga.state.mo.us/statutes/C300-399/3220010.HTM> (27 May 2003)
 - 4 CSR 270-4.031, "Minimum Standards for Practice Techniques," paragraph (4)(B),
<http://www.sos.state.mo.us/adrules/csr/current/4csr/4c270-4.pdf> (27 May 2003)

| | | |
|---|--|--------------|
|  | Division of Environmental Health and Communicable Disease Prevention | |
| | Section: 4.0 Diseases and Conditions | Updated 7/03 |
| | Subsection: Rabies, Animal | Page 6 of 15 |

Rabies, Animal

Overview ^(1, 2, 3, 4)

For a complete description of animal rabies, refer to the following texts:

- Control of Communicable Diseases Manual (CCDM).
- Red Book, Report of the Committee on Infectious Diseases.
- Compendium of Animal Rabies Prevention and Control, 2003. National Association of State Public Health Veterinarians, Inc.
- Human Rabies Prevention - United States, 1999. Recommendations of the Advisory Committee on Immunization Practices (ACIP).

Case Definition ^(5, 6)

Clinical description

Rabies is an acute viral encephalomyelitis that principally affects carnivores and insectivorous bats, although it can affect any mammal. A major clinical observation is a change in personality of the rabid animal: wild animals normally nocturnal and human-avoiding may appear in daylight hours and approach humans without fear or hesitation; domesticated animals may exhibit personality reversal (normally gregarious pets become shy or reclusive and vice versa). Death is virtually certain within ten days after the initial onset of signs. Some animals die rapidly without marked clinical signs.

Laboratory criteria for diagnosis


- A positive direct fluorescent antibody test (preferably performed on central nervous system tissue)
- Isolation of rabies virus (in cell culture or in a laboratory animal)

Case classification

Confirmed: a case that is laboratory confirmed

Information Needed for Investigation


- **Verify the diagnosis.** Determine laboratory tests conducted and the results.
- **Contact Bureau of Child Care** if a case is associated with a childcare facility.

| | | |
|---|--|--------------|
|  | Division of Environmental Health and Communicable Disease Prevention | |
| | Section: 4.0 Diseases and Conditions | Updated 7/03 |
| | Subsection: Rabies, Animal | Page 7 of 15 |

Case/Contact Follow Up and Control Measures

- Veterinary Public Health will notify the Regional Communicable Disease Coordinator when an animal tests positive for rabies. Veterinary Public Health and the Coordinator will work with the local public health agency to investigate the case and to ensure proper animal disposition/patient care.
- Follow up measures will be dependent on the potential risk to the public from exposure to a rabid or suspected rabid animal. In the case of known or possible human exposure to a rabid (or potentially) rabid animal, post exposure prophylaxis (PEP) should be considered.
- Domestic Animals:
 - If the exposure was to a healthy dog, cat, or ferret and was provoked, then the animal may be confined for ten days and observed for symptoms of rabies. An unvaccinated dog, cat, or ferret may be quarantined as long as the situation was provoked and the animal is in good health. If the animal exhibits clinical signs of rabies during the quarantine period, the patient should immediately begin PEP and the animal should be euthanized and tested for rabies. PEP may be discontinued if the laboratory test is negative. If no symptoms appear during the ten-day confinement, then PEP is not required.
 - Exposure to domestic rodents (mice, rats, gerbils, hamsters, guinea pigs, etc.) and lagomorphs (rabbits, hares) rarely requires PEP or laboratory testing of the animal, but each exposure should be evaluated on a case-by-case basis.
 - Exposure to other domestic animals (horses, cattle, sheep, swine, etc.) should be evaluated on a case-by-case basis in consultation with DHSS staff.
- Wild Animals:
 - Exposure to wild terrestrial carnivores (skunks, raccoons, foxes, coyotes, etc.) and bats – consideration should be given to immediate initiation of PEP with concomitant laboratory testing of the animal. Prophylaxis may be terminated if the laboratory test is negative.
 - Exposure to small, wild rodents (mice, rats, squirrels, chipmunks, etc.) and lagomorphs (rabbits, hares) rarely requires PEP or laboratory testing of the animal, but each exposure should be evaluated on a case-by-case basis.
 - Exposure to large, wild rodents (woodchucks [groundhogs], beavers, etc.) should be evaluated on a case-by-case basis in consultation with DHSS staff.
 - Exposure to exotic animals maintained in zoological parks, petting zoos, privately owned, etc. should be evaluated on a case-by-case basis in consultation with DHSS staff.

Unvaccinated dogs, cats, and ferrets exposed to a known rabid animal should be euthanized immediately. Less preferably, the animal should be placed in strict isolation (i.e., at an animal

| | | |
|---|--|--------------|
|  | Division of Environmental Health and Communicable Disease Prevention | |
| | Section: 4.0 Diseases and Conditions | Updated 7/03 |
| | Subsection: Rabies, Animal | Page 8 of 15 |

control or veterinary facility) for six months and vaccinated one month before being released. Animals with expired vaccinations should be evaluated on a case-by-case basis). Dogs, cats, and ferrets that are currently vaccinated should be revaccinated immediately, kept under the owner's control, and observed for 45 days. Vaccination of animals for rabies in Missouri may only be legally performed by a licensed veterinarian. ⁽⁷⁾

All species of livestock are susceptible to rabies; cattle and horses are among the most frequently infected. Livestock exposed to a rabid animal and currently vaccinated with a vaccine approved by the USDA for that species should be revaccinated immediately and observed for 45 days. Unvaccinated livestock should be slaughtered immediately. Less preferably, the animal should be kept under close observation for 6 months. Additional recommendations regarding disposition of livestock and utilization of meat, milk, etc. from exposed animals may be found in the Compendium of Animal Rabies Prevention and Control, 2003.

Bats are of special concern for the transmission of rabies virus to humans or domestic animals, as the means of transmission of rabies virus are not well understood. Persons with confirmed or suspected physical contact with a bat should be evaluated for PEP. Special consideration should be given to those situations where a person was possibly exposed to a bat but who might be unaware that a bite or direct contact had occurred (e.g., child, mentally disabled person, intoxicated person, a sleeping person awakens to find a bat in the same room).

NOTE: Aventis Pasteur has an indigent patient program and may supply free vaccine and rabies immune globulin to those who cannot afford it. The company's telephone number is 800-822-2463. The treating physician should call this number and ask for an indigent patient program application. Requests are handled on a case-by-case basis and the manufacturer reserves the right to cancel this program at any time.


Control Measures

- See the Control of Communicable Diseases Manual, Rabies, "Methods of control."
- See the Red Book, Rabies, "Control Measures."
- See the Compendium of Animal Rabies Prevention and Control, 2003.
- See Human Rabies Prevention - United States, 1999 Recommendations of the Advisory Committee on Immunization Practices (ACIP).

Laboratory Procedures

Animal Specimens:

**Missouri Department of Health and Senior Services
Communicable Disease Investigation Reference Manual**

| | | |
|---|--|--------------|
|  | Division of Environmental Health and Communicable Disease Prevention | |
| | Section: 4.0 Diseases and Conditions | Updated 7/03 |
| | Subsection: Rabies, Animal | Page 9 of 15 |

Refer to the procedural letter and policy letter noted in the table of contents in this chapter of the Manual. Generally, specimens for rabies testing will only be accepted when there is known or potential exposure of any of the following to a possibly infected animal: (1) humans, (2) animals maintained as pets, (3) domesticated animals, (4) exotic or non-native animal species maintained for husbandry purposed or in zoos. Other situations may be evaluated on a case-by-case basis in consultation with staff of Veterinary Public Health. Animal specimen submission requirements are listed on the SPHL web site at: <http://www.dhss.state.mo.us/Lab/Rabies.htm> (27 May 2003). Rabies specimen submission “kits” can be obtained free of charge from the SPHL by calling 573-751-0633. Each kit consists of a shipping container, plastic bags to hold the specimen, freezer packs, submission instructions, absorbent material, mailing label, and the form “Rabies Examination Request/Report” (LAB 20).


Reporting Requirements

Rabies (human, animal) is a Category I disease and shall be reported to the local health authority or to the Missouri Department of Health and Senior Services within 24 hours of first knowledge or suspicion by telephone, facsimile, or other rapid communication. Testing laboratories (primarily the State Public Health Laboratory) report positive test results to the Office of Surveillance and/or Veterinary Public Health as well as to the respective local public health agency and the submitter. Veterinary Public Health reports these results and performs follow up as described above under “Case/Contact Follow Up and Control Measures.” Refer to RSMo 322.140 regarding responsibilities of the owner of an animal that may have transmitted rabies or other zoonotic disease.

(8)

References

1. Chin, James, ed. “Rabies (Hydrophobia, Lyssa).” Control of Communicable Diseases Manual. 17th ed. Washington, DC: American Public Health Association, 2000: 411-419.
2. American Academy of Pediatrics. “Rabies.” 2000 Red Book: Report of the Committee on Infectious Diseases. 25th ed. Elk Grove Village, IL. 2000: 475-482.
3. Compendium of Animal Rabies Prevention and Control, 2003. National Association of State Public Health Veterinarians, Inc. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5205a1.htm> (27 May 2003)
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| | | |
|---|--|---------------|
|  | Division of Environmental Health and Communicable Disease Prevention | |
| | Section: 4.0 Diseases and Conditions | Updated 7/03 |
| | Subsection: Rabies, Animal | Page 10 of 15 |

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6. Centers for Disease Control and Prevention. Case Definitions for Infectious Conditions Under Public Health Surveillance. MMWR 1997; 46 (No. RR-10). "Rabies, Animal," 1997, http://www.cdc.gov/epo/dphsi/casedef/rabies_animal_current.htm (27 May 2003)
7. Rabies vaccination must be given by licensed veterinarian:
 - RSMO 322.010, "Definitions," August 28, 2002
<http://www.moga.state.mo.us/statutes/C300-399/3220010.HTM> (27 May 2003)
 - 4 CSR 270-4.031, "Minimum Standards for Practice Techniques," paragraph (4)(B),
<http://www.sos.state.mo.us/adrules/csr/current/4csr/4c270-4.pdf> (27 May 2003)
8. Missouri Revised Statutes, RSMO Chapter 322, "Protection Against Rabies," August 28, 2002, <http://www.moga.state.mo.us/statutes/c322.htm> (27 May 2003)

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2. Baer, George M., Ed. The Natural History of Rabies. 2nd ed. CRC Press, Inc., 2000 Corporate Blvd., N. W. Boca Raton, Florida, 33431, 1991.

Web Resources and Information

1. Centers for Disease Control and Prevention, Division of Viral and Rickettsial Disease, "Rabies Section," March 8, 2001, <http://www.cdc.gov/ncidod/dvrd/rabies> (27 May 2003)
2. Centers for Disease Control and Prevention, Media Relations, "Facts About Rabies," May 9, 1997, <http://www.cdc.gov/od/oc/media/fact/rabies.htm> (27 May 2003)
3. Centers for Disease Control and Prevention, Media Relations, "Facts About Dog Bites," May 30, 1997, <http://www.cdc.gov/od/oc/media/fact/dogbites.htm> (27 May 2003)
4. "Annual Rabies Reports," Missouri Department of Health and Senior Services, <http://www.dhss.state.mo.us/Rabies/RabiesReports.htm> (27 May 2003)

Rabies

FACT SHEET

What animals get rabies?

Rabies is a disease that can affect all mammals and each year about 7,500 animals, most of them wild, are diagnosed as having the disease in the United States. The disease is found in all states except Hawaii.

How do humans get exposed to rabies?

People primarily become infected with rabies when the skin is broken by a bite from a rabid animal. Rabies transmission is also possible when a claw scratch or a mucosal surface (e.g., eye, nose, mouth) is contaminated with the saliva from a rabid animal. Rabies in humans is very rare in the United States because of effective vaccines for dogs and cats and effective treatment for people exposed to rabid animals. More than 22,000 people in the United States receive treatment each year to prevent disease from occurring due to an exposure.

How do I know if an animal has rabies?

The first observable symptoms may be changes in personality. For example, a normally friendly, active dog may become shy and sluggish while an animal that is normally quiet and shy may become aggressive and attack other animals or people. A wild animal that is normally active only at night may become active during the daytime. Also, some rabid wild animals lose their natural fear of people and other animals. Other symptoms include: refusal to eat; unusual excitability or restlessness; snarling or growling at moving objects; and excessive drooling and foaming at the mouth. This type of rabies, called “vicious” rabies, ends in paralysis and death within several days. Some animals do not go through this vicious stage. Instead, they develop “dumb” rabies, which is a rapidly progressing paralysis that lasts three to five days and ends in death. A slack or “dropped” jaw is characteristic of dumb rabies.

Which animals have caused the most cases of rabies in humans?

Since 1990, about 90 percent of the people who contracted rabies in the United States were infected with variants of the rabies virus associated with bats. It is noteworthy that only two or three of these patients had a definite bite history. These cases and recent findings suggest that limited or insignificant physical contact with rabid bats may cause rabies, even without a clear history of animal bite.

How can I prevent exposure to rabies?

- Avoid contact with wild animals and stray pets.

- Make sure all pets are vaccinated against rabies. This includes cats and ferrets as well as dogs. Rabies vaccination is often neglected for cats. However, nationwide more cats than dogs were reported rabid during all but two of the past 18 years.
- Keep pets under control; do not let them run loose.
- Do not keep wild animals or wild animal crosses as pets.
- If you suspect that an animal has rabies, notify your local animal control division or health department for instructions. Do not attempt to capture the animal yourself.

What do I do if I think I have been exposed to rabies?

If you are bitten or scratched by any animal wash the wound thoroughly with soap and water as soon as possible for 10-15 minutes, then notify animal control officials or the health department. All confirmed or suspected exposures should be evaluated by a physician.

Bats are of special concern for the transmission of rabies virus to humans or domestic animals, as the means of transmission of rabies virus are not well understood.

Persons with confirmed or suspected physical contact with a bat should be evaluated for treatment. Special consideration should be given to those situations where a person was possibly exposed to a bat but who might be unaware that a bite or direct contact had occurred (e.g., child, mentally disabled person, intoxicated person, a sleeping person awakens to find a bat in the same room).

What treatment will I receive if I am exposed to rabies?

Prevention of rabies in people is accomplished by administration of two products: rabies immune globulin and rabies vaccine. The rabies immune globulin is given in a dose that depends upon the weight of the individual and is injected into muscles near the site of the bite. The vaccine is given in five doses and is given in the upper arm of adults and in the thigh and/or upper arm of children. The vaccine should not be given in the gluteal area. The initial dose of the vaccine is administered at the same time as the rabies immune globulin but in different anatomical areas and then on days 3, 7, 14 and 28 after the first vaccination. Individuals who have previously received a complete vaccination regimen should not receive immune globulin and should receive only two doses of vaccine three days apart. Products currently used to prevent rabies are much more effective and have far fewer side effects than previous versions.

**Missouri Department of Health and Senior Services
Section for Communicable Disease Prevention
Phone: (866) 628-9891 or (573) 751-6113**



Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010

Richard C. Dunn
Director



Bob Holden
Governor

May 27, 2003

**PROCEDURES TO BE FOLLOWED IN SUBMITTING ANIMAL
SPECIMENS FOR RABIES EXAMINATION**

The State Public Health Laboratory (SPHL) provides approved, reusable rabies shipping containers. These containers are for the transportation of animal specimens to the laboratory for testing. Brains removed by a veterinarian from large animals should also be sent in these containers. **DO NOT SEND IN WHOLE ANIMALS AND DO NOT FREEZE SPECIMENS. LIVE ANIMALS WILL NOT BE ACCEPTED FOR TESTING.** Small animals such as bats may be sent intact.

Each shipping container includes:

1. Freeze pillows which are to be kept in your freezer at all times when the container is not in use. **KEEP FREEZE PILLOWS FROZEN UNTIL READY TO SHIP SPECIMENS.**
2. Leak proof plastic zip lock specimen bag.
3. Laboratory form (Lab 20) to be completed on each specimen submitted.
4. Absorbent material – **DO NOT REMOVE FROM MAILING BOX.**
5. Mailing label.
6. Instructions.

Procedures (activities involving direct contact with the specimen should be performed by a veterinarian):

1. Wearing rubber gloves, place head or brain of animal into specimen bag and zip closed.
NOTE: WHEN WORKING WITH LARGE ANIMALS, AFTER SEVERING THE HEAD, PLACE IT ASIDE AND ALLOW BLOOD TO DRAIN FROM THE SPECIMEN BEFORE PLACING IT INTO THE BAG. Place completed laboratory report form into the pouch on the outside of the specimen bag. If more than one specimen is submitted, use a separate bag for each and attach appropriate paperwork with each one. **DO NOT PUT MORE THAN ONE SPECIMEN IN EACH BAG.**
2. Pack head and freeze pillows in shipping container with absorbent material, using newspaper for packing and additional insulation. **DO NOT USE WET ICE.**
3. Close container and **TAPE** box shut.
4. Fasten the provided mailing label securely to the top of the package.
5. Specimens may be transported in the following ways:
 - a. Hand carried to the SPHL in Jefferson City. Specimens may be delivered 24/7 by utilizing the following steps:
 - Enter the foyer of the SPHL.
 - Press the button on the call box at the end of the foyer to communicate with a security guard in the Truman Building (across the street).
 - Inform the guard that you have a rabies specimen.

www.dhss.state.mo.us

The Missouri Department of Health and Senior Services protects and promotes quality of life and health for all Missourians by developing and implementing programs and systems that provide: information and education, effective regulation and oversight, quality services, and surveillance of diseases and conditions.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.

- The guard will go to the SPHL and escort the person to a refrigerated storage area; the person must carry the specimen.
- The person will sign a form that the specimen has been left and then will be escorted out by the guard.
- b. By private bus line (e.g., Greyhound).
- c. By SPHL courier service. The courier stops at all MDHSS District Offices and some local public health agency offices. To obtain the courier stop list, contact the SPHL at 573-751-7239.

NOTE: DO NOT SHIP BY UPS OR USPS (THESE CARRIERS WILL NOT ACCEPT RABIES SPECIMENS).

If additional information is necessary, please contact the State Public Health Laboratory (307 W. McCarty Street, Jefferson City, MO 65101; 573-751-3334).



Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010

Ronald W. Cates
Interim Director



Bob Holden
Governor

September 24, 2001

Professional colleagues:

As we move further into the 21st century, the State Public Health Laboratory and its partners have undertaken a major strategic planning initiative that has evaluated both the present services and future needs of the laboratory. During this process, testing functions have been identified that do not support core public health roles and therefore need to be modified or terminated. Resources that are released through this process will be redirected into either establishing new testing functions or strengthening existing functions that better serve public health goals. One such testing function that has been identified for modification is rabies testing.

In the past, precious resources have been expended performing rabies testing on animals where there has been no known exposure to either humans or pets. As rabies is endemic in Missouri and present in the wildlife of all Missouri counties, it is not necessary to find a rabid animal within a county's borders to initiate an advisory to the public. Every county should issue reminders periodically to its citizens to both vaccinate their pets and not to interact with wild animals, especially those that are acting in an unusual manner.

In light of this joint program and laboratory decision, the Missouri State Public Health Laboratory will no longer be accepting specimens for rabies virus testing indiscriminately.

Specimens for rabies testing **will only be accepted** when there is known or potential exposure of any of the following to a possibly infected animal:

- Humans
- Animals maintained as pets
- Domesticated animals
- Exotic or non-native animal species maintained for husbandry purposes or in zoos

Specimens for rabies testing **will not be accepted** in the following instances:

- Animals (including bats) when there has been no exposure history as described above
- Decomposed or destroyed brains (where testing material is unavailable)

Please do not hesitate to contact the Section of Communicable Disease Control and Veterinary Public Health (573-751-6113) or the State Public Health Laboratory (573-751-0633) if you need further information or have any questions. Thank you for your cooperation in this matter.

Dr. Howard Pue, Chief
Section of Communicable Disease
Control and Veterinary Public Health

Dr. Eric Blank, Director
State Public Health Laboratory

www.dhss.state.mo.us

The Missouri Department of Health and Senior Services enhances quality of life for all Missourians by protecting and promoting the community's health and the well-being of citizens of all ages.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.